



Dan Bucks  
Director

# Montana Department of Revenue

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OCT 11 2007

Ravalli County Commissioners

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October 3, 2007



Brian Schweitzer  
Governor

**RE: Application for Transfer of Ownership of Montana All-Alcoholic Beverage License No. 13-999-6554-001, RUSTIC HUT, 5341 US Hwy 93 S., Florence, Ravalli County, Montana**

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **November 2, 2007**. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. In addition, if we receive a written protest against the issuance of this license, a public hearing will be scheduled. If no response is received, it will be assumed there are no problems that would affect the issuance of a license.

If you have any questions, please call (406) 444-0713.

Sincerely,

Tanya Steizer  
Compliance Specialist  
Department of Revenue  
Liquor Licensing  
P O Box 1712  
Helena MT 59624-1712

c: Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 3 day of October, 2006, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS  
COURTHOUSE  
205 BEDFORD ST #5001  
HAMILTON MT 59840

RAVALLI COUNTY ATTORNEY  
GEORGE CORN  
COURTHOUSE  
205 BEDFORD ST. #5008  
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN  
215 S 4<sup>TH</sup> ST STE D  
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF  
PERRY JOHNSON  
205 BEDFORD ST #5022  
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT  
FIRE PREVENTION AND INVESTIGATION BUREAU  
303 NORTH ROBERTS BOX 201417  
HELENA MT 59620-1417

DAVID W COOK  
BUILDING STANDARDS SECTION  
BUILDING CODES BUREAU  
PO BOX 200517  
HELENA MT 59620-0517



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**Check The Appropriate Boxes To Designate The Purpose Of This Application**

**Alcoholic Beverage**

- ☐ New Alcoholic Beverage License Application
- ☒ Existing Alcoholic Beverage License; Transfer Of Ownership Application
- ☐ Existing Alcoholic Beverage License; Corporate Structure Change
- ☐ Existing Alcoholic Beverage License; Transfer Of Location Application
- ☐ Existing Alcoholic Beverage License; Death of Licensee

Designate The Type Of License Of Your Application:

- ☐ On-Premises Beer
- ☐ On-Premises Beer/Wine
- ☒ All-Beverage
- ☐ Restaurant Beer/Wine
- ☐ Resort License

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**GAMBLING CONTROL DIVISION**

**Gambling**

☒ **New Gambling**

(An owner of an interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.)

☐ **New Gambling - No Alcoholic Beverage License is Required for Live Keno/Bingo.**

☐ **Amended Gambling License Application - (Note: No fee is required for this application)**

(An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.)

☐ Existing Gambling License Change Among Existing Corporate Shareholder(s)

☐ Existing Gambling License Deletion of Owner(s)

☐ Existing Gambling License Change Among Existing Partners or LLC/LLP Members

☐ Existing Gambling Location Change Application

☐ Existing Gambling License Type Change Application

☐ Other - (Explain) \_\_\_\_\_

**Section I**

**General Information**

**Print Or Type**

Name of Applicant: High Spirits Entertainment, LLC  
(Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name: Rustic Hut → see attachment #3  
(Doing business as ..... Assumed business name must be filed with the Secretary of State's office.)

Mailing Address: 5341 U.S. Hwy 93 South, Florence, MT 59833  
(Box or Street)

Address of Premises to be Licensed: 5341 Hwy 93 South  
(Street, Suite No., Building No.)

City / State / Zip Code: Florence, MT, 59833

Business Phone / Cell Phone: (406) 273-0780 Business (406) 459-6475 Cell Cassandra

Fax: (406) N/A

Federal Tax I.D.: [REDACTED] ☐ Check if applied for but not yet received.

Alcohol Beverage License Number: 13 - 999 - 6554 - 001  
(N/A if not applicable)

Are the premises for licensing located:

☐ Within the boundaries of an incorporated city/town (Gambling Licensing.)

☐ Within a distance of five miles of an incorporated city/town (Liquor Licensing.)

☒ Within an unincorporated city/town or outside the boundaries of and more than five miles distance from any city/town whether incorporated or unincorporated (Liquor Licensing.)

Florence  
City Name

In County of Bozavalli  
County Name

**C. Provide the information requested below for each:**

Check appropriate box (Use additional paper if necessary)

- ☐ Individual/Sole Proprietor  
☐ General or ☐ Limited Partnership  
☒ Limited Liability Company (Member of...)  
☐ Officer of a Corporation  
☐ Director of a Corporation  
☐ Shareholder of a Corporation  
☐ Shareholder owning 5% or more of the stock of a publicly traded corporation  
☐ Person(s) and/or committee managing the gambling activity under a 28 U.S.C. 501 (c)(3), (c)(4), (8) or (c)(19) organization

- ☐ Person(s) holding an option to purchase the business or any interest in the business  
☐ Other  
☐ Check this box if ownership in the liquor license is also held as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TEN COM) and make certain each individual with rights of survivorship or common are listed below.  
 JTROS \_\_\_\_\_ or TEN COM \_\_\_\_\_

Legal Name (First, M.I., Last)	Address	Title	Date of Birth	Social Security Number	Percentage of Ownership	Number of Shares
Gary D. Kelley	1000 2nd St Florence, MT 59801	member	7-16-1954	[REDACTED]	75%	0
Gary D. Coddell	800 2nd St Florence, MT 59801	member	1-14-1971	[REDACTED]	12.5%	0
Corinda D. Coddell	800 2nd St Florence, MT 59801	member	1-14-1971	[REDACTED]	12.5%	0

Note: Each individual listed above must submit with this application a personal history statement, (Form 10), Authorization for Examination and Release of Information, (Form 1.) and a completed Fingerprint Card. Use additional sheet of paper if necessary.

I hereby request smoking exception and affirm that 60% of the revenue generated by this business will be from the sale of liquor and/or gambling. ☒ Yes

I do not request smoking exception. ☐ No

**D. Charitable, Religious, Veterans' or Fraternal Organization**

If the applicant is a charitable, religious, veterans' or fraternal organization, complete the following information.

If not applicable indicate: ☒ N/A

- Date qualified for exemption under 28 U.S.C. 501 (c)(3), (c)(4), (c)(8) or (c)(19):  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Date local charter issued or post organized:  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- Has national organization been in existence for a period of five years prior to January 1, 1949?  
☐ Yes ☐ No
- Provide Address of National Headquarters:

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

- A copy of your organization or post charter must accompany this application.

- Location of Gambling Premises:

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

- How many days, per year, is gambling conducted at this location? \_\_\_\_\_ Days.

N/A

## C. Is the premises within any defined zones:

1. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance? ☒ Yes ☐ No2. Where gambling is restricted by city or county zoning ordinance? ☒ Yes ☐ NoD. Is the building ready for use for an alcoholic beverage business: ☒ Yes ☐ No1. Is this a newly constructed premises? ☒ Yes ☐ No2. Is this a remodel of an existing premises? ☒ Yes ☐ No☐ Yes ☒ No If Yes, indicate an estimated date of completion \_\_\_\_\_

E. Submit a copy of the floor plan area to be licensed, using approximate dimensional measurements, including external dimensions and general layout - on an 8-1/2" x 11" sheet of paper and number of tables and chairs indicated. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated thereon. *See Attachment #3*

Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address, liquor license number (if applicable) and date of submittal.

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Section VII

Declaration and Affidavit

GAMBLING CONTROL DIVISION

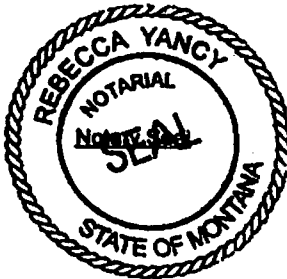
I declare under the penalties of false swearing and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation mailing this application and that I examined the application, including any accompanying information, and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

STATE OF MONTANA

County of DeWalt )  
DeWalt )

High Spirits Entertainment LLC, being duly sworn, if for himself or herself, deposes and says, that he/she is the applicant above named; or that he/she is member of the above named corporation; that he/she has read the foregoing application and attachments and that he/she knows the contents thereof, and that all matters and things therein set forth are true and correct.

Cassandra Dianne Caddell Cassandra Dianne Caddell 8/24/07  
Print Full Name Signature Date



On this 24th day of August 20 07  
Personally appeared Cassandra Dianne Caddell  
Before me, a Notary Public for the State of Montana  
Rebecca Yancy (Notary Signature)  
Rebecca Yancy (Print Name of Notary)  
My Commission Expires June 16 2009 (Month, Day & Four Digit Year)

This application must be completed in full, and all requested attachments must accompany it. Delay, denial or the return of the application will result if incomplete.

Additional Information May Be Required During the Investigation of Your License Application

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GAMBLING CONTROL DIVISION

Liquor License #  
13-999-6554-001

Rustic Hut Bar Floor Plan  
6341 Hwy 93 S  
Flagstaff, AZ 86001

